

Instructions for Completing Form 108-B

• Complete all areas at the top of the form , including name, address(es), contact person (person filling out the IDR form), phone, fax and license number.																			
• Use a separate form for each age group: children born on or after April 1, 2007, and children born October 1, 2003 through March 31, 2007.																			
• <u>Do not include</u> children born before 10/1/03. <u>Do include</u> all children born on or after 10/1/03, even those without an immunization record.																			
• Review the “Example of Completed 108-B Form” below, before you begin to fill in information.																			
• Write the name and the complete date of birth for each child. You may choose to provide an ID for each child instead of their name. However, please note this will limit the Health Department’s ability to assist you in updating your records.																			
• Count the number of doses of each vaccine each child has on his/her immunization record(s). The dates may be listed out of order; make sure to include the most recent date.																			
• Answer the question, “How many doses on record?” for each vaccine type and each child. For example, if a child has had 3 DTaP doses and the last dose was given on 12/15/06, you would write “3” in the space for number of doses and you would write “12/15/06” in the space for “Date of Last Dose.”																			
• For MMR and Hepatitis A vaccines , <u>write the date of each shot</u> that each child has on record. Be sure to write the month, day and year. Even if a child has had a second shot for one of these vaccines, you still <u>must include</u> the date of the 1 st shot as well.																			
• For Varicella vaccine , if the child has received Varicella vaccine, write the date of the last dose. Answer the question, “Has child had chicken pox?” by writing “yes” or “no” in the space provided.																			
• Exemptions: if the child has a <u>permanent</u> exemption for any vaccine, place a “ P ” in the box for the type of exemption, religious, medical or laboratory evidence of immunity. If the child has a temporary medical exemption for any vaccine, place a “ T ” in the box for medical exemption.																			
• After you have completed 108-B forms for all enrolled children born 10/1/2003 or later, count the total numbers and fill in Form 108 .																			
• Keep the yellow copy for your files, then mail the completed forms to: Arizona Immunization Program Office Assessment Unit 150 N. 18 th Avenue, Suite 120 Phoenix, Arizona 85007-3233															This report is due by: <u>November 15, 2008</u>				

Example of Completed 108-B Form

Child’s Name	Date of Birth	DTaP/DTP/DT		Polio		MMR		Hib		PCV7		Hepatitis A		Hepatitis B		Varicella		Exempt		
		How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	Date of 1 st Dose	Date of 2 nd Dose	How many doses on record?	Date of Last Dose	How many doses on record?	Date of Last Dose	Date of 1 st Dose	Date of 2 nd Dose	How many doses on record?	Date of Last Dose	Date of Last Dose	Has child had <u>chicken pox?</u>	Religious	Medical	Laboratory
1. Angel Garcia	4/30/06	4	5/25/07	3	11/1/06	5/25/07		3	5/25/07	4	5/25/07	5/25/07		4	11/1/06	5/25/07	No			
2. Jessica Begay	10/1/06	3	6/7/07	3	6/7/07			3	6/7/07	1	2/13/07			4	6/7/07		No		T	
3. Matthew Case	12/3/06	4	3/3/08	2	6/3/07	3/3/08		3	6/3/07	3	6/3/07			3	6/3/07		Yes			

